An Essay
On
Febres Intermittentes
Respectfully submitted to the
Faculty
of the
Homoeopathic Medical College
of
Pennsylvania,
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One thousand, eight hundred, and fifty seven.

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I am aware that in selecting as the subject of my Essay - fevers - that I enter upon the consideration of a subject that has engrossed the thoughts of abler minds - and upon pens than mine - a subject though often discussed is not yet exhausted.

The importance of a clear understanding of the nature - Symptoms - exciting causes - and treatment of fevers will only be manifested, when

the remarkable that it has prevailed in all ages from the days of Hippocrates to the present time - that it has ravaged all countries, and been at home in all climates - that the savage and the civilized, of all races, and nations have been the victims of its power - neither age - sex - sex - youth - nor beauty are exempt from its attacks - and there is no season of the year in which it has not prevailed - Spring with its balmy air - winter with its chilling blasts, as well as Summer with its oppressive heat, as well as Autumn with its pestiferous exhalations have witnessed its ravages upon the human frame - its universal prevalence gives it an importance that attach to few other diseases - while the

great outlet which it Constitutes to human life - if not the most fatal of all the Morbid affections to which the human frame is susceptible,, invests it with a degree of importance fearfully great.

Sydenham supposed fevers, to Constitute two thirds of the diseases which prove fatal to our race. Hence the importance of paying particular attention to the Etiology of this disease.

Instead of Speaking of fevers in general, which would require more of an investigation than we have time to give the Subject, we will take up that Special form, known as, Fevers Intermittentes, or Intermittent fever, a disease the treatment of which will not only fall to the lot of

the young practitioner in his calculations, but also so much embarrasses the old Physician as to cause him to wish that his cases might be few.

Each paroxysm of intermittent fever is composed of three distinct stages: First, that of the cold stage—the stage of invasion and chill and most appropriately called the stage of vibration. Second, that of the hot stage, characterized as one of simple excitement. Third, that of the sweating stage.

The premonitory symptoms of this disease includes the period, intervening between the first deviation from health, and the commencing of the febrile paroxysm.

The symptoms which characterize this stage are not very

difinite, although they are similar to that of other forms of fever.

There is a feeling of languor, loss of apetite, weariness from slight exertion— the patient complains of slight head ache and aching pains in the loins, loss of apetite, frequent yawning and stretching.

After these symptoms have prevailed for an indefinite length of time, they are succeeded by a cold shuddering running down the back and course of the spine, the patient has long fits of yawning. he looks pale— the skin is dry and shrivelled, goose flesh arises, general prostration of strength, blue lips and nails, the eye becomes dull, sunken and hollow— the cheeks and lips are collapsed, the tongue becomes dry and white, Pulse is small, frequent and

irregular, but sometimes slow and occasionally intermitting, the breathing is hurried, anxious, and oppressed attended by a sense of weight, tightness and incapability of taking a deep inspiration. The color becomes more generally diffused throughout the body, the urine is almost colorless, the feeling of cold is violent, the person buries himself under the clothes, the teeth chatter, the limbs shake, in fact the whole body both external and internal seems to become affected.

These symptoms are succeeded in a short time by the hot or febrile stage, this is usualy attended with nausea and vomiting. The patient will have heat over the whole body, it will first come on about the head, delirium frequently supervenes. The pulse is

rapid and full, the temples throb, patient has great thirst, urine is scanty and high colored, and the patient is very restless.

Another change now takes place. Perspiration makes its appearance which soon becomes profuse over the body, the skin assumes its normal character, the pulse looses its hardness and frequency, but retains its fulness, the breathing becomes freer and more natural, the feeling of weakness goes off the heat of the skin, thirst and headache subside, the urine becomes turbid, and deposits a sediment, and most of the functions are restored to their ordinary state.

After a certain time these symptoms are again assumed and

give rise to what is called the type of the disease. It is important then as regards distinction of symptoms to place these different diseases under different heads but still more so, as to the cure, for he shall find very different treatment called for according to the symptoms.

The first of these is called the Gastritis which has diurnal paroxysms returning about every twenty four hours. These usually occur in the morning, although they may take place at any time during the day. This form generally has the longest paroxysm and consequently has the shortest interval. In both characterising this form of pernicious gastric derangement, the pulse is irregular and weak. in some cases

we have diarrhoea, head-ache and vomiting.

The form designated the tertian is found to periodize more distinctly than any other occurring every other day with a cessation of all the symptoms on the intermediate days.

We have another variety of this which is called the double tertian or that in which the paroxysm returns daily, but on one day seven, on the other nine; and on different hours of the day, the hours of its recurrence on the different days corresponding.

Some of the irregularities of the double tertian are not uninstructing. The cold stage sometimes consists of a rigor only, followed after the

space of an hour or two by great heat, continuing for a certain number of hours, varying from six to eight. In the slight and regular paroxysm attended in pregnancy by rigors and moderate febrile symptoms, the termination is always more indistinct and incomplete than the severe paroxysm of the preceding or following day.

On the termination of the paroxysm being tolerably complete there yet remains symptoms which are very distressing, such as acute pain in the head, chest and stomach. If the pain in the head continues long drowsiness, stupor, or delirium follows and diarrhea or dysentery may supervene or partial suppression of urine frequently occurs. In the height of the hot stage

palpitation of the heart, cough and vomiting occasionaly is present together with repeated hemorages from the nose many of which symptoms remain after the completion of the paroxysm, thus creating considerable embarrassment during the interval.

A third form of Intermittent fever is the quotidian in which daily paroxysms return about every twenty four hours after the accession generely in the afternoon. This form of fever is of rare occurrance.

There is another distinction made by Physicians which is that of the anticipating and postponing Intermittent, that is, they regularly return either an hour or two earlier or later than the preceding paroxysm. they are then

anticipating or postponing, gradations, tertians &c.

This is an important fact, affecting us in our prognosis. In the anticipating the disease increases in violence, but in the postponing the disease is becoming less violent and is more easily cured. Another distinction of Intermittents is founded upon the number of paroxysms on the day of attack - he may have two or more. The first is termed the duplicate tertian or quotan, or if there be three paroxysms is triplet, tertian or quotan. This distinction does not apply to the quotidian for the simple reason, that the want of an intermission would destroy its character giving us a remitting form of fever.

The predisposing causes of Intermittent fever are various: Marsh miasma, Cold, Moisture and debility are among the principal ones. They have also been observed at all seasons of the year, though Commonly prevailing in Autumn, and hence they cannot be considered as arising exclusively from Marsh miasma and yet Miasmatic exhalations are the most prolific causes of the ~~Chronic~~ fever and exert the most Controlling influence over the organism when accompanied with Circumstances Calculated to debilitate the System as when the Atmosphere is Surcharged with Moisture.

This form of fever prevailed as an epidemic through a vast extent of Country last Autumn especially along that portion of our Sea-board

where we have Meadow Land but a little elevated above the tide waters.

The thousands of acres rich in vegitable productions during this Season of the Year, poisoning the atmosphere with their miasmatic exhilations. I have noticed the Seasons that are, unusualy dry as well as those marked by frequent rains to be favourable for the development of this disease.

In consequence of the great drought and extreme heat of the last Summer and the early part of Autumn it exerted a Controlling influence over the System which being at the time relaxed and debilitated in Consequence of the heat that had proceeded it, gave to the disease an unusual malignancy.

But the generation of the predisposing causes of this disease is not confined to marshy lands, for exhalations arising from the decomposition of grasses in new countries, as for instance the first turning over of the sod in the settling of our prairie regions, is unquestionably the principal cause of the fever prevailing to such an extent all over the western country.

Weakness of body, poor diet, long watching predispose to the disease.

Lying in damp rooms, or upon the ground, or taking cold will prove the exciting cause. Persons who have recently come to this country and have not yet become acclimated are particularly liable.

Along our sea coast & north

East ~~wind~~ Storm, or even the prevalence of the North East wind prevailing for a considerable time is a frequently exciting cause of the disease, also cold from getting wet, and by posure to the damp air of the evening, and in fact the slightest elevation from natives cause is almost sure to produce the disease under the predisposition engendered by a residence in a miasmatic region unless they have become acclimated.

This disease is influenced a good deal by the climate, the seasons of the year and producing causes. In warm climates it frequently passes into the Remittent form of fever and often proves fatal. It also in such places prevails epidemicly. Dr Bell has given an interesting

account of an epidemic ague that prevailed in Persia in 1842. Of course unknown in our climates.

It was essentially a typhoidian ague. characterised by intense general congestion of the nervous system.

The disease had several modes of commencement; sometimes it began at once by the patients becoming suddenly insensible without nervous symptoms: at other times it was preceded by formal ague. In many instances again, the patient would suffer for some time previously from Intermitting head ache, daily increasing and great want of sleep: he would then have an attack of ague, and next day at the same time would sink down insensible. This was the form of disease from which the greatest number

of deaths took place, and obtained for its
malicity its Persian name Tab-i ghesh or
fainting fever, during the insensibility
the pulse was feeble, and the extremities
cold. From this state many were never roused;
but if they were, the pulse gradually
obtained power and the patient came
slowly to his senses, complaining of
intense head ache, and a feeling of
oppression at the heart; a low kind of
fever then came on, which was succeeded by very imperfect perspiration,
generally confined to the head and
chest. Next day about the same hour,
insensibility returned, and each attack
continuing longer than the preceding
one, the period of death depended upon
the strength of the patient or violence of
the disease; most frequently however

death took place on the third attack.
As the end approached, the secretion
of urine ceased, the effort of the heart at
reaction became feebler, the skin felt
cold like that of a corpse, cold and
damp, the body became purple and
mottled and the pulse became less
perceptible at the wrist; at length the
patient was seized with tetanic
convulsions and died. In these cases
as often observed in Cholera, the feet
began to get warm before death, and
just as the warmth had spread up the
legs and reached the trunk the patient
died. Indeed were other symptoms
wanting, I should consider warmth
commencing in the feet while the
rest of the body was cold quite sufficient to mark the case as hopeless.

In another form, resembling the algid of Southern Countries there was no insensibility, no shivering, little or no perceptible pain, and no perspiration; the primary characteristic symptoms were a fixed pain in the pit of the stomach, extreme tenderness on pressure over the left lobe of the liver and region of the spleen, and extreme tension of the abdominal muscles. One or both of the recti abdominis became hard as a board, continuing for days in a state of constant tension, but without any painful Cramps or Spasms.

Nearly at the same hour each day the patient was observed to become exceedingly anxious and restless, tossing from side to side, sighing and throwing the arms above the head, as in yawning.

and the pulse became very small and frequent, and the body damp and cold. By and by this oppression passed passed off, the body assumed its natural warmth, and the pulse nearly its natural volume; but this continued quicker than usual, and then to all appearance the patient had very little the matter with him. Each day however the oppression of the circulation became greater, and the attack continued longer; the pulse now became weaker, and an icy cold exudation ran off the brow and back of the hands. The struggling of the heart to overcome the load of blood which oppressed it was most painful to listen to. now almost overcoming the obstruction, the pulse for an instant gaining power, and a particle warmth

spreading over the surface; and again the force of the heart succumbing to the disease, and the icy coldness - much colder than death - returning. The craving for iced water was incessant so long as this state lasted. The evacuations meanwhile were bilious and the quantity of urine daily diminished and at length ceased altogether. At length the intermission between the attacks of oppression ~~was diminished~~ ceased to occur. the pulse was only perceptible at intervals, and the patient, who up to this time had been perfectly sensible and even able to walk to stool, fell in a state of stupor. The skin now became blue and mottled, and the patient gradually sunk or died in convulsions. The gruel and

rapid enlargement of the spleen is particularly mentioned. In many instances pain in the region of the spleen was felt before the occurrence of any other symptom. The blood was of a dark, dusky, reddish brown, colour, and in general the serum did not separate from the clot.

This disease may be complicated with affections of different organs. Among the most common is enlargement of the spleen, especially under Allopathic treatment, it is known under the name of Ague Cake. It is said to occur much more frequently after Tertian and Quotidians.

Treatment -

The allopathic Physicians consider that Quinine with various preparations of Iron are Specifics in this disease.

In our Materia Medica we have none according to the ordinary acceptation of the term, we are guided altogether in our treatment by the relation of the Pathogenetic Symptoms of the remedies to the Symptoms of the disease.

Among the principal remedies I will mention Arsenicum, China, Ipecacuanha, Nux vomica, Natrum muriaticum, and Pulsatilla.

Arsenicum is one of the best and principal remedies in the treatment of this fever. The Symptoms of chronic poisoning with Arsenic exhibit a

surprising similarity with those of the cachectic condition produced by an Intermittent.

Clinical experience is in entire harmony with the anticipations formed from the Physiological proving of arsenicum. The employment of this remedy is the more urgent when symptoms of the disease indicate great weakness of the vital powers.

Intermittents for which arsenicum is the most appropriate remedy present the following peculiarities.

Coldness, parchment like feeling of the skin, disposition to stretch the limbs Extreme, almost insatiable thirst obliging the sufferer to drink constantly, although but little at a time, marked prostration of strength and anxiety. The chill

and fever come on in the latter part of the day. The accessions are mostly violent and of long duration. The stages may be well marked or as is often the case are blending in one particular. If one stage is absent it is the cold one and the hot stage becomes proportionaly hotter. The more violent the disturbance of the muscular system, ~~the xxx~~, the more violent the thirst, so much the more is diaphoresis indicated. The sweating stage may be absent, or on the contrary excessive. The intervals between the paroxysm are not devoid of symptoms of a varied and troublesome nature such as restlessness, feeling of weakness and general illness.

The most characteristic symptom

for the use of our remedy is the increasing feebleness after each paroxysm

For the enlargement of the Spleen which we have after the abuse of Quinine by the allopathic Physician arsenicum is an excellent remedy.

For the periodical form of fever I have found that Arsenicum is almost a Specific when given in low attenuations. say 1st or 2nd Trituration.

China is not suitable when thirst is present during the hot stage: If thirst be present during the hot Stage of a chronic Intermittent the heat ought simply to be a burning or dryness of the lips, which require moistening, but no real thirst set in after the heat, or during the sweating stage China is the remedy.

The sphere of action of this remedy is of much less extent than of Aconitum for its principal action is on the nervous system as is clearly shown in cases of poisoning and in the experiments that have been made with this drug. The special indications for the employment of ~~this drug~~ but bonica is as follows.

Paroxysms of moderate violence coincide more closely with nux. Still when the general symptoms indicate the employment of the Cactus he should not be debarred from its use by the paroxysm or violence of the febrile stage. Troublesome anxious breathing, palpitation of the heart loss of appetite, aversion to food, bitter and sour eructations, during the shivering fit, coldness and blueness of the skin, hands and feet, face and nails.

Nux vomica is often alternated with Ipecacuanha with marked success.

Ipecacuanha-

The indications for this remedy are heat with shivering. There is never much thirst during the chill, but during the fever it is intense. He here has a the delirium, full face &c.

The application of external heat during the chill increases the shivering. This is an important indication for Ipecac-

Natrum Muriaticum-

This remedy is characterised by pains in the bones, and back with great debility. The chills are heavy and occur in the forenoon. The chills are receding. There is great thirst with dryness of the mouth. Eupatorium and Pulsatilla are related

Monadnis to follow Quinsigamond.